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PTO/SB/21 (09-04)
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Total Number of Pages in This Submission

2

Application Number	09/283,431
Filing Date	April 1, 1999
First Named Inventor	Zhou et al.
Art Unit	1635
Examiner Name	K.A. Lacourciere
Attorney Docket Number	IDRA-701US1

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement

- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
 - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
 - ☐ Petition to Convert to a Provisional Application
 - ☒ Power of Attorney, Revocation
 - ☒ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

Remarks

* Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Keown & Associates

Signature

Printed name

Joseph C. Zucchero

Date

May 16 2006

Reg. No. 55,762

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/283,431
Filing Date	April 1, 1999
First Named Inventor	Zhou et al.
Art Unit	1635
Examiner Name	K.A. Lacourciere
Attorney Docket Number	IDRA-701US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32254

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Keown & Associates				
Address	500 West Cummings Park				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Robert Andersen		
Signature			
Date	5/15/2006	Telephone	617.679.5500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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